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THE CHANGING DEMOGRAPHIC PATTERNS AND THE SOCIAL CONDITIONS OF THE HEALTH STATUS OF THE ELDERLY

Abstract

The health status - meant as the WHO definition - of the elderly is affected by changes in the demographic patterns. Lowering fertility, declining frequency of marriages and the growing number of divorces decrease the probability of finding care on the side of the family after one's reaching a ripe old age. All this enforces changes in the care system for the elderly. The traditional - basing on family bonds - model is being superseded by institutional - financed from public means - forms. In the case of Poland the changes in the care system - especially the care for people requiring it all the time - resulting from demographic conditions are even more important as the Polish society is bound to be subject to acceleration of the ageing processes in the first half of the 21-st century.

While speaking about the health status of the elderly one must not omit factors determining this state. From now on let us take the WHO definition of health which comprises such factors as frame of mind, social and physical conditions. In the paper I would like to answer the question about the role of the past, present and future changes in the demographic patterns. As already known, during the process of modernisation the Polish society of the 20-th century was subject to an accelerated - as compared to more civilised countries - demographic transition. The most characteristic feature of this process was transition from relatively high to relatively low mortality and fertility. As it is commonly known the large numbers of old people who emerged during several dozen years resulted from this demographic transition: this absolute increase is a consequence of the lowering mortality which makes people reach a ripe old age whereas the relative increase is caused by smaller numbers of the newly born - that is by the lower fertility.

Further on we would like to highlight the most important possible effects of the changes in the demographic patterns upon the welfare of the elderly - the effects of so called the second and the third demographic transition.

Assuming that the family favourably affects the health status irrespective of one's age (although there is some evidence that it might be the proper health itself that underlies one's decision to start family [9]) we are going to reflect the evolution which the Polish family is bound to face as well as the possible consequences of this evolution upon the health status of the elderly. Favourable effects of living in the

family might be observed through comparing the structures of people aged 50 and over with respect to the populations of the living (data from the representative census of 1995) and of the dead (data of 1996) (see: table 1). We assume indirectly that the mortality of the elderly is the best indicator possible to measure their health status.

Table 1. The structure of the elderly by marital status (the living - 1995, the deceased - 1996)

| Age | Marital status | Males | | Females | |
|------------------|----------------|------------|----------|------------|----------|
| | | the living | the dead | the living | the dead |
| 50-59 years old | single | 6.0 | 12.3 | 4.0 | 7.9 |
| | married | 86.7 | 69.8 | 74.0 | 62.9 |
| | widowed | 2.8 | 6.0 | 15.9 | 20.1 |
| | divorces | 4.5 | 11.9 | 6.1 | 9.1 |
| 60 year and over | single | 3.3 | 4.2 | 5.3 | 8.5 |
| | married | 80.9 | 67.8 | 41.2 | 19.8 |
| | widowed | 13.2 | 24.4 | 50.5 | 68.6 |
| | divorced | 2.6 | 3.6 | 3.0 | 3.1 |

Source: Own calculations on the basis of the Demographic Yearbook of 1997, CSO, Warsaw

Both in the case of men and women their marital status influences the mortality. Married people are characterised by lower mortality which might be accounted for both emotional (life joy, assistance in everyday life) and behavioural factors (regular way of living, risk aversion - e.g. lower consumption of alcohol and tobacco) as well as for economic factors (returns to scale owing to work diversification within the family household). In this context there should be some worries about the fact of marriage evasion and the growing number of divorces in Poland. In future such phenomena can lead to an increase in the number of the lonely which might aggravate the relative welfare. Additionally, in the case of females to be single or to be divorced entails starting a job which in future sometimes results in some occupational ailments. To belittle the present tendency towards contracting marriages and their durability, it should be added that we might merely face some term changes in starting the family rather than the diminishing willingness to contract marriages.

Bearing in mind all the problems facing the health and pension systems it seems obvious that it is the family of the old person that should be in more charge of caring for them. It is not about all the forms of care but first of all about prophylaxis and the care for the chronically disabled. As far as prophylaxis is concerned a case in point might be properly designed furniture and other furnishings to enable the invalid to function on their own (e.g. toilet handles and arrangement of everyday objects fixed in such a way to avoid unnecessary bending which however, very often

entails redecorating all the place of dwelling [5]). In the case of the chronically disabled what matters is - depending on the situation - ensuring all day or at least part time care.

While speaking about the duties of the old man's family and other forms of aid with respect to the elderly, we did not mean their spouses as the average age difference between partners to the marriage is only 2-3 years. The spouse is thus old themselves and is not always able to give a helping hand. It is then the old man's offspring that should take care of the old. Further on we are going to discuss the changes in fertility patterns and their consequences. As already mentioned, the post-transition demographic state is characterised by low fertility which is reflected by the fertility indicator showing how many children are born by one woman. In Poland this indicator has been declining for many years and in 1996 it was 1.58. To assure the simple generation substitution it should be 2.15. In some urban regions the indicator hardly exceeded one (in Lodz Voivodship - 1.233, in Warsaw - 1.283, in Katowice - 1.332). Such a situation means that - under the traditionally prevailing family pattern 2 + 2 - there must also be couples who decide not to have children at all, couples called dinkies (double income, no kids). Both spouses in such marriages are occupationally active and make efficient use of contraceptives. As a result we should expect the number of childless families to grow which might additionally burden the present system of health care. At the same time the increasing popularity of one-child families has it that after reaching old age a single and childless person will not have any support on the side of the relatives. Parents of an only child might experience a similar situation if their child undergoes an accident or decides to leave their parents' place of living. To understand this question better let us take France as an example, where in 1970 10% of people aged 60 and over did have neither offspring nor siblings. The evolution of fertility is likely to copy the situation from previous centuries - it is estimated that in the 18th century France ca 25% people aged 60-85 did not have any relatives in direct line [6]. At the end of the 70's 10% of old people in Poland did not offspring, either [11].

Forms and frequency of aid given by the family to the old depend on a lot of factors. Let us mention two of such factors: occupational activities and the place of residence of the old man's relatives. As far as occupational activities are concerned they are likely to affect not the frequency of aid but its forms. The example of the USA shows that the growing participation of females in the labour market, which took place in the 70's, resulted in an increased demand for private health and nursing services which as a result contributed to the emergence of a dynamically developing sector of the economy [8].

The other of the above-mentioned factors - the place of residence of the old man's relatives - determines the time and the frequency of the care. In this case - assuming that space vicinity makes contacts easier - it is worthy to get acquainted with the forecast regarding households elaborated by the CSO [Boleslawski, 1997]. The forecast envisages that in the years 1996-2020 the number of households will grow by 27.8% whereas the population - by only 5.4%. It means that the average

number of household members will drop from 3.064 to 2.539 persons and the number of adults - from 2.220 to 1.937. These quantitative changes will result from an increasing share of small, one or two-person households which is going to be a consequence of the following demographic patterns: contracting marriages at more mature age, conscious living in celibacy, the increasing number of knowingly childless couples, anti-mortal actions protracting life expectancy.

In the end we conclude that in the course of ageing processes the number of old people running one-person households is going to grow.

One consequence of the longer life expectancy of females is that there will be a lot of one-woman - especially one-widow - households. The forecast seems to substantiate the thesis that the old are bound to be more spatially distant from their families, although the housing might alleviate this situation. Whether spatial distance means living in solitude depends much more on other factors. Of such factors let us touch on inter-generation flows that determine the direction and the amount of the inter-generation support given within one family. According to some researchers we witness considerable overestimation of the role of the family and family bonds.

This process started as early as in the 17th century when our ancestors began getting interested in their closest relatives rather than in their whole social environment [1]. This tendency is getting consolidated nowadays, which is favoured by the transition of the household from production to consumption unit [3]. Earnings gained in developed countries let people possess substantial means even after satisfying their basic needs. Those means can be spent on goods and services, the main purpose of which is to enjoy family members and consolidate the family. The family of today is characterised by the anxiety to satisfy three feelings: romantic love that underlies each marriage; parental love associated with maternity; domesticity where family bonds are stronger than external bonds [3].

While speaking about inter-generation flows it should be stated that they are not symmetric as they usually flow into the young, although this situation reverses at a certain age. The financial flows are clearly unfavourable for the old whereas the balance of services is more equivalent. This is so because - despite low real incomes of the old - pensions are still relatively high (if compared to wages and salaries) which is additionally accompanied by low consumption expectations of the old. As a result, the old are able to transfer some part of their income to their children and grandchildren. This refers especially to the basic good being dwelling-place.

The second part of the intergenerational flows form non-material services. In this case the old improve their balance in the course of age. While getting older they are less suitable to help their descendants with such work as looking after grandchildren, going shopping, etc. On the contrary, they themselves need more aid and their families must get engaged more in caring for them. While commenting on the intergenerational flows I am far from stating that the old are abused by the young idlers - their offspring or grandchildren. From the point of view of the old

helping their descendants is one way of confirming their utility so it should be rather viewed as a psychotherapy.

The prolonging life expectancy in Poland will lead to considerable increase in the number of old people the descendants of whose are bound to be old and unable to function on their own, too. At present in Poland there are ca 800 thousand people aged 80 and over and over 300 thousand people aged 85 and over who call for permanent care (according to American gerontologists each person aged 80 and over requires permanent care) and whose children are usually 50-60 years old. The future growth in the number of the elderly is going to entail some other unprecedented problems regarding health care. Bearing in mind the fact that people aged 60 or so are usually physically fit we can expect them to get engaged more in caring for ripe old people.

The present demographic tendencies not only adversely affect the probability that the old man will find some guardians among their descendants but they also limit kinship networks so that in future we might face the world in which lots of people will be on their own - without siblings, cousins or even further family - all those who might be interested in their lot [3]. This is going to increase the importance of the institutions specialised in caring for the elderly. The spread of females' occupational activities is going to act in the same direction as some part of women engaged in work is sure to make use of specialistic institutions against payment.

In the end I would like to present a forecast regarding the future number of the elderly people in Poland. Data on changes in the number of old people by five-year periods can be found in a forecast elaborated by the UNO Population Department. The forecast has a long time horizon - up to the year 2050 (see: table 2). The forecast was based upon the ageing method and should be regarded as highly probable.

Table 2. The elderly (in thousands) in Poland in the years 2000-2050 according to the UN estimates (moderate variant)

| Age | Years | | | | | | | | | | |
|-------|-------|------|------|------|------|------|------|------|------|-------|-------|
| | 2000 | 2005 | 2010 | 2015 | 2020 | 2025 | 2030 | 2035 | 2040 | 2045 | 2050 |
| 60-64 | 1701 | 1481 | 2205 | 2668 | 2688 | 2210 | 2054 | 2409 | 2777 | 2954 | 2600 |
| 65-69 | 1602 | 1514 | 1325 | 1986 | 2415 | 2446 | 2021 | 1886 | 2222 | 2574 | 2747 |
| 70-74 | 1345 | 1339 | 1275 | 1126 | 1697 | 2077 | 2117 | 1758 | 1651 | 1958 | 2278 |
| 75-79 | 908 | 1012 | 1016 | 977 | 868 | 1319 | 1626 | 1670 | 1401 | 1328 | 1589 |
| 80+ | 712 | 835 | 964 | 1046 | 1080 | 1052 | 1290 | 1602 | 1825 | 1830 | 1817 |
| 60+ | 6268 | 6181 | 6785 | 7803 | 8748 | 9104 | 9108 | 9325 | 9876 | 10644 | 11031 |

Source: *The Sex and Age Distribution of the World Populations, The 1996 Revision*, New York UN, 1997 p. 673.

In the whole period under consideration the number of the elderly people in Poland is growing. In some five-year periods this growth is slow, in some others - much faster. Only between 2000 and 2005 their number will decline which results from the war baby depression. The most conspicuous feature is their relative increase in the successive age groups. The 60-64 age group increases by 52.8%, the 75-79 - by 74.7% and the 80 and over - by 155.2%. In future we will face a constant increase in the population of elderly, and especially - of very old people. All this means that in the several dozen years to come the population of old people will grow by 3/4 and the demand for medical care will grow even more - owing to the structure of the population. It should be noticed that it is women that are going to make up the lion's share of people advanced in years. Their quantitative supremacy is getting more visible in the successive age groups. This fact affects to much extent the system of health care as women much more often than men visit doctors, are hospitalised, stay in sanatoria, purchase medicines and are dependent on the family.

For financial reasons and from the point of view of the efficiency of the health system it is important to state what will be the share of old people in the total population of Poland. Proper data is reported in table 3.

Table 3. Old people in Poland in the years 2000-2010 (per 1000)

| Age | Years | | | | | | | | | | |
|--------------|-------|------|------|------|------|------|------|------|------|------|------|
| | 2000 | 2005 | 2010 | 2015 | 2020 | 2025 | 2030 | 2035 | 2040 | 2045 | 2050 |
| 60-64 | 43 | 37 | 55 | 67 | 67 | 55 | 51 | 60 | 69 | 74 | 65 |
| 65-69 | 41 | 38 | 33 | 49 | 60 | 61 | 50 | 47 | 55 | 64 | 69 |
| 70-74 | 34 | 34 | 32 | 28 | 42 | 51 | 53 | 44 | 41 | 49 | 57 |
| 75-79 | 23 | 25 | 25 | 24 | 21 | 32 | 40 | 41 | 35 | 33 | 40 |
| 80+ | 18 | 21 | 24 | 26 | 27 | 26 | 32 | 40 | 45 | 46 | 45 |
| 60+ | 161 | 158 | 172 | 196 | 219 | 227 | 228 | 233 | 248 | 267 | 277 |

Source: Own calculations on the basis of the United Nations estimates [UN, 1997, p. 673]

Within the 50 years to come we expect - unless there is drastic deterioration in mortality rates - a considerable increase in the shares of old people in the total population of Poland. At the beginning of the 21-st century every sixth person will be more than 60 years old whereas in the middle of the next century every fourth person will fall into this group. In the first decade of the 21-st century there will be only slight changes in this respect but later on they are going to take momentum. Judging by the present favourable tendencies in mortality observed for several years, one may claim that the presented forecast underestimates the actual number of old people to live in Poland in the 21-st century. In such a situation it is of much importance to compare the life expectancies of old people in Poland and other developed European countries. According to the data of 1996 an average 60 year-old Polish man is to live another 15.93 years whereas that 65 years of age - 12.93. The respective numbers for women are 20.52 and 15.53 years. In 1997 the

respective numbers were: males: 16.13 and 13.13, females: 20.80 and 16.79. Proper data regarding some other countries are reported in table 4.

The average life expectancy of people on the verge of old age is by 2-2.5 years shorter in Poland than in other developed European countries. The parameters observed in the other countries should be viewed as Poland's future values. As far as the life expectancies are concerned the time distance between Poland and the other countries is a quarter of a century. Basing on the data reported one may claim that the public health care system will not be able to satisfy all the needs demanded by the old.

Table 4. Life expectancy of people aged 60 and 65 in some European countries in the years 1960-1990

| Country | 60 years of age | | | | 65 years of age | | | |
|----------------|-----------------|------|------|------|-----------------|------|------|------|
| | 1960 | 1970 | 1980 | 1990 | 1960 | 1970 | 1980 | 1990 |
| Males | | | | | | | | |
| United Kingdom | 15.0 | 15.2 | 15.9 | 17.6 | 11.9 | 12.0 | 12.6 | 14.1 |
| France | 15.6 | 16.2 | 17.3 | 19.0 | 12.5 | 13.0 | 14.0 | 15.6 |
| Italy | 16.7 | 16.7 | 16.8 | 18.6 | 13.4 | 13.3 | 13.3 | 15.1 |
| Norway | 18.0 | 17.3 | 17.7 | 18.3 | 14.5 | 13.8 | 14.3 | 14.6 |
| Females | | | | | | | | |
| United Kingdom | 18.9 | 19.8 | 20.4 | 21.7 | 15.1 | 16.0 | 16.6 | 17.8 |
| France | 19.5 | 20.8 | 22.4 | 24.2 | 15.6 | 16.8 | 18.2 | 19.9 |
| Italy | 19.3 | 20.2 | 21.2 | 23.0 | 15.3 | 16.2 | 17.1 | 18.8 |
| Norway | 20.2 | 21.0 | 22.2 | 22.7 | 16.1 | 16.8 | 18.0 | 18.6 |

Source: Wiszniewskij A., *Demograficzny potencjał Rosji*, „Woprosy Ekonomiki”, 1998, nr 3 p. 120

It should be stressed that under many years of negligence accompanied by underinvestment and nonchalant attitude towards this issue on the side of authorities the situation seems unlikely to get better before the second decade of the 21-st century when people born during the post-war baby boom period are going to enter their pensionable age. The more will have to be required then on the side of old people's families. One may even suppose that it is also the public sector that will find it advisable to transfer as many care duties as possible to the old people's families after having made them acquainted with methods of treating people advanced in years. One may also suppose that the private sector of medical and nursing services will expand, too, following higher living standards of the Polish family.

The family of today faces a lot of problems that did not use to exist before or existed on a much smaller scale only. One of such problems is the care for the elderly. The protracting life expectancy reflected by the rectungulization of the life expectancy curve has it that - assuming stability of the probability of deaths - ca 82% of the newly born will live to be 60, 65% of them will reach 70 and 37% - the age of 80. The scale of the ageing processes necessities combining various forms of care for the elderly. One of them is inherently related to the family which was traditionally regarded as the mainstay of the old age. It was own children that used to be perceived as the best assurance against old age. Viewing the present situation through this multi-century axiom let us hope that the current tendencies in fertility and contracting marriages are only temporary problems.

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